

Comments and Responses on  
Medicaid Employment Services Redesign and the interRAI Core Standardized Assessment  
Received April 4, 2016 through May 4, 2016

The Department received twenty five comments from various parties. The comments and corresponding responses from the Department are divided into two topic areas as follows: interRAI, and Prevocational and Supported Employment

	Question/ Comment	Response
	interRAI	
1	Will the InterRAI begin being used for Habilitation on 5/4 as well or will Habilitation have a later start date?	The interRAI will begin being used by the MCOs and the Iowa Medicaid Enterprise (IME) for the Fee-For Service (FFS) population beginning in April with member's initial needs-based eligibility determinations when applying for Habilitation and as member's annual assessment comes due for the annual needs-based eligibility redetermination.
2	Will the IHH Care Coordinators be responsible for completing this assessment	The IME has contracted with Telligen to complete the interRAI assessments for the initial Home and Community Based Services Waiver level of care (LOC) and Habilitation need-based eligibility determinations. AmeriHealth Caritas Iowa, Inc. and United Healthcare of the River Valley, Inc. has also contracted with Telligen to complete annual reassessment and Amerigroup Iowa, Inc. has chosen to have the interRAI completed by their own clinical staff.
3	Are we able to view the InterRAI assessment tool? If so, where is this assessment located for viewing?	The interRAI suite of tools may be viewed at. <a href="http://www.interrai.org/instruments.html">http://www.interrai.org/instruments.html</a>

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4	Will BI Waiver members who are scheduled for their annual assessment have the interRAI completed? Who will complete the interRAI?	Thank you for your comment. The IME has contracted with Telligen to complete the initial interRAI assessments for the initial Home and Community Based Services Waiver level of care (LOC) and Habilitation need-based eligibility determinations and the annual reassessment for the FFS population. AmeriHealth Caritas Iowa, Inc. and United Healthcare of the River Valley, Inc. have also contracted with Telligen to complete annual reassessment and Amerigroup Iowa, Inc. has chosen to have the interRAI completed by their own clinical staff.
5	The implementation of the InterRAI standardized assessment tool needs to be pushed back. Providers and patients are struggling with “go live” of MCO’s. This was originally scheduled for September 1st. That would have been a more appropriate date.	Providers will not be responsible for completion of the interRAI. The IME has contracted with Telligen to complete the initial interRAI assessments for the initial Home and Community Based Services Waiver level of care (LOC) and Habilitation need-based eligibility determinations and the annual reassessment for the FFS population. AmeriHealth Caritas Iowa, Inc. and United Healthcare of the River Valley, Inc. have also contracted with Telligen to complete annual reassessment and Amerigroup Iowa, Inc. has chosen to have the interRAI completed by their own clinical staff.

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6	<p>1) We ask that DHS implement and/or require standardized training on these assessment tools for any State or MCO personnel who will be using the assessment forms to determine Level of Care and monthly level of supports or services for waiver applicants and recipients. The reason for this request is that concerns have been raised in other states with regard to using these assessment tools in an inconsistent manner. The training should be ongoing and include periodic inter-rater reliability testing.</p>	<p>The interRAI went through an extensive stakeholder vetting process as part of the balancing incentive program (BIP) grant and was selected by stakeholders as the core standardized assessment (CSA) tool for use with the HCBS waiver programs. The use of the interRAI has been included in the contract requirements with the MCOs. The interRAI is a proprietary tool that requires licensing agreements to be in place for use and assessors require extensive training on the use of the tool from interRAI.</p>
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7	<p>2) A complete picture of an individual's functioning should be obtained when completing the assessment tool. For example, if a section of the assessment tool asks about Physical Functioning, note should be taken both of the activity of daily living (ADL) independence/assistance level and Instrumental Activities of Daily Living (IADL) difficulty level.</p> <p>There are times when a waiver applicant may not perform a certain activity because he or she is unable to perform it independently, and there is no one to assist with the activity (e.g., not dressing or bathing for several days in a row). There will also be times when a waiver applicant performs an activity independently because it needs to be done, but that performance is at great risk to the applicant's personal safety (e.g., dragging one's self across a floor to reach an item or make it to the bathroom; showering or bathing despite dizziness and unsure footing in the tub). An applicant should not be penalized on the assessment tool if he or she is performing tasks independently because there is no help available. Some individuals may be hesitant to</p>	<p>See response to number 6</p>
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8	3) Interviews with waiver applicants and recipients should be face-to-face in the individual's place of residence. This will allow the interviewer to notice things would not be apparent in a phone interview. These face-to-face interviews will also allow the interviewer to watch the individual perform functional tests and evaluate the home setting for any potential safety concerns or needed modifications.	See response to number 6
9	4) There should be a caregiver assessment, which is complementary to, but independent from the evaluation of an individual's assessed needs. The assessment tool should not coerce family members to stand in for professional caregivers to satisfy an individual's needs or assume the continued short-term help of a family member.	See response to number 6

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10	5) If the State or MCO will be applying some sort of algorithm or formula to the data collected during the assessment process to determine whether an applicant or recipient meets the Level of Care requirement for a waiver program and/or to determine a monthly level of support/services, the algorithm or formula (and any changes thereto) should be made public. If a waiver applicant or recipient disagrees with the decision made by the State or MCO regarding eligibility for a waiver program or monthly level of support/services, the ability to challenge the decision is hampered when the applicant or recipient does not have access to the underlying decision-making process. If only certain sections of the assessments will be used, those sections should be identified.	See response to number 6
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11	6) Given the likelihood that members will be terminated from waiver services due to the use of a new assessment tool, we ask that DHS implement a grandfather clause which would protect eligibility for current waiver recipients going forward. There should also be a grandfather clause protecting current levels of service for recipients.	See response to number 6
12	7) If a waiver applicant is denied eligibility, or a recipient is terminated from waiver eligibility or receives a reduction in services, we ask that a completed copy of the assessment tool be attached to the notice of decision to ensure due process to applicants and recipients.. We also ask that the notice of decision contain clear language about why the application is denied, or the coverage is being terminated or services reduced. Recipients should also be informed of their right to continue benefits pending a final administrative decision	When a member is denied level of care for the waiver, the member is provided with a copy of the state fair hearing appeal rights which includes their right to continue benefits pending an appeal and their responsibility for payment should the departments decision be upheld..
13	Children with ADHD should be considered for CMH waiver and IHH enrollment.	Thank you for your comment, however this comment is unrelated to the changes in these waiver and state plan amendments.

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14	All kids that are receiving BHIS or considering PMIC placement must be IHH enrolled.	Thank you for your comment, however this comment is unrelated to the changes in these waiver and state plan amendments.
15	What assessment tool is being used now – before the InterRAI?	<div style="display: flex; justify-content: space-between;"> <div> AIDS/HIV Waiver  Certification form, 470-4392 completed by a physician  Brain Injury Waiver  Case Management (TCM) Comprehensive Functional Assessment form, 470-4694 completed by the TCM or CM  Children’s Mental Health Waiver  The Targeted Case Management (TCM) Comprehensive Functional Assessment form, 470-4694 completed by the Integrated Health Home (IHH) Care Coordinator  Health and Disability Waiver  of Care Certification form, 470-4392 completed by a physician  Elderly Waiver  Certification form, 470-4392 completed by a physician  Physical Disability Waiver  Certification form, 470-4392 completed by a physician  1915 (i) State Plan HCBS Habilitation  Needs based evaluation that meets the standards in 411-IAC 90.5(1) completed by the CM or IHH CC </div> <div> The Level of Care   The Targeted   The Level   The Level of Care   The Level of Care </div> </div>



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16	A number of comments were received regarding the adoption of the interRAI and the potential for members to be denied level of care for the HCBS Waivers due to the new tool.	Thanks for your comments. The interRAI went through an extensive stakeholder vetting process as part of the balancing incentive program (BIP) grant and was selected by stakeholders as the core standardized assessment (CSA) tool for use with the HCBS waiver programs. The use of the interRAI has been included in the contract requirements with the MCOs. The interRAI is a proprietary tool that requires licensing agreements to be in place for use and assessors require extensive training on the use of the tool from interRAI.
17	What are the differences between the two?	The current assessments used today are subjective based on the knowledge, skills and experience of the person completing the assessment and are not independent of the service planning process. CMS and Balancing Incentive Program (BIP) require an independent assessment. The independent assessment must address the core data set domains of BIP. The Core Data Set (CDS) contains five domains: activities of daily living (ADLs), instrumental activities of daily living (IADLs), medical conditions/diagnoses, cognitive functioning/memory, and behavior concerns. Four of these domains (ADLs, IADLs, cognitive functioning/memory, and behavior concerns) contain topics (subdomains) that are also required components of the CDS. The purpose of the CDS is to promote uniform and comprehensive functional assessments across populations and geographic areas within a State.

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18	Why is the new assessment tool better than the first?	The development, selection, and use of a core standardized assessment (CSA) for determining eligibility for non-institutionally-based long-term services and supports were part of the BIP in Iowa. The interRAI best matched the core domains of the BIP criteria and included superior inter-rater reliability. This universal assessment will be used in a uniform manner throughout the state, to determine a beneficiary's needs for training, support services, medical care, transportation, and other services, and develop an individual service plan to address such needs. Additionally, universal assessment information and data systems can also support efforts to project future service, support and budget needs and prioritize individuals for services when waitlists are present or budgets are limited.
19	which interRAI assessment tool would be used for adults with a mental illness and children with a serious emotional disturbance (SED).	The department has designated the interRAI HC assessment tool to be used to determine the level of care for the Home and Community Based Services (HCBS) Children's Mental Health Waiver and 1915(i) state plan HCBS Habilitation program. However, based on stakeholder input, the department will work with Telligen and the Managed Care Organizations (MCO) to move to the interRAI Community Mental Health (CMH) for both the Habilitation and Children's Mental Health Waiver populations. The IME and the MCOs will begin transitioning to the interRAI during May 2016. Members will be assessed utilizing the interRAI assessment tool when their annual HCBS eligibility review date approaches.
20	Are there higher standards in the new InterRAI assessment tool which will make it more difficult for clients to qualify for services they already have?	The level of care criteria for the seven HCBS waivers and the needs based eligibility criteria for the State Plan HCBS Habilitation program has not changed
21	It seems difficult to locate a copy of the interRAI (HC) tool on-line	The interRAI tool may be viewed on the interRAI Website: <a href="http://www.interrai.org/">http://www.interrai.org/</a>

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22	I want to advocate that IHH workers and/or providers that know the person best, be included in administering the interRAI. Any LOC assessment is only as good as the information that is received. We have been hearing that members may be called directly and the process will only include collaborators (IHH workers or provider staff) if the member asks for them to be present. The individuals we support tend to over estimate their abilities and have limited insight into the support they need to maintain their mental and physical health. Many individuals have been receiving supportive residential services for many years and part of their successful recovery journey is due to support they receive.	Thank you for your comment.
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23	I would recommend/appreciate an approach similar to the SIS scheduling, with both reviewers and case managers/care coordinators sharing information with reviewers to schedule assessment, in conjunction with the individual served. While the tool may not have everything we would desire, at least participants who know person well would be able to share information to help best meet the needs of the individual.	The department has communicated your concerns to the MCOs and Telligen.
Prevocational and Supported Employment Services		
24	Can you confirm that on May 4th when the new rules go into place for Supported Employment that the rates at the proposed higher levels will be paid by the MCOs. I was reviewing this with our CFO and he has concerns that the MCOs will not pay the new rate structure.	MCOs are in the process of implementing system changes for these codes and associated reimbursement. Providers servicing IA Health Link members should contact their member's MCO with any questions.

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25	<p>Is there a comparison document showing</p> <ul style="list-style-type: none"><li>o what the provider qualifications are now and what the new qualifications will be?</li><li>o A comparison of service scope changes</li><li>o A comparison of definitions</li><li>o A comparison of reimbursement methodologies</li></ul>	<p>Please refer to attachment A &amp; B as follows: Attachment A: HCBS Waiver and HCBS Habilitation, Prevocational and Employment Services Codes Crosswalk Attachment B: HCBS Waiver and HCBS Habilitation Prevocational and Supported Employment Rules Crosswalk</p>
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